



Irish LGBT+ Clients Experience of Psychotherapy

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Previous research and background to the study

- LGBT+ people are at greater risk of mental health problems, therefore making LGBT+ people more likely to make use of therapy than heterosexual people (Eubanks-Carter et al. cited in McLeod, 2013, p.491; McCann & Sharek, 2014, p.118)
- Counselling and psychology services were the most commonly accessed mental health services for Irish LGBT+ people, ranking before attending their GP, but there are barriers to accessing psychotherapy (Mayock, et. al, 2009, p.22; Higgins, et. al, 2016).
- 64-75% of clients stated that they believe there is a need for mental health professionals to have more knowledge and sensitivity to LGBT+ clients (Mayock, et. al, 2009, p.22; McCann & Sharek, 2014, p.118)
- Therapists believe they are not trained sufficiently to work with LGBT+ clients, saying that their professional education provided minimal LGBT+ training or none (Bidell, 2016, p.68).
- Over 70% of participants provided at least one recommendation as to how mental health services can be improved for LGBT+ clients in Ireland (McCann and Sharek ,2014, p.123)

Aims of the study

- **Explore the lived experience of LGBT+ clients in therapy within an Irish context**
- **Are LGBT+ clients therapeutic needs are being met?**
- **Inform Irish therapists of LGBT+ client needs**

Design of Research Study

- **Qualitative approach:**
 - Can better investigate the complexity of human phenomenon such as “ethnicity, culture, gender, and sexuality” (Gough & Lyons, 2016, p.238)
 - “Deemed congruent with the counselling profession” (Hays et al, 2016, p.172)
- **Advertised through LGBT+ support groups**
- **7 Participants self-volunteered – 4 participated**
 - Male, 35-50, two participants were therapists
- **Data collection through Semi-Structured interview**
- **Ensured debriefed was trained in Pink Therapy**
- **Thematic analysis (Braun & Clarke, 2006)**

Findings/results of study

What the participants needed from their therapist

- **Warmth, validation, authenticity and to be heard**
- **Gender of the therapist**
 - “Male therapists don’t have ease of understanding certain things about gay sex or homosexuality.” (Conor)
 - “Maybe there's something in that that the "what if" factor. What if it's another gay man who is my therapist? How would I feel about that? What if they saw me at a bar or we had a connection, that because there's always a connection?” (Declan)
- **Therapist self-disclosure and client trusting to come out**
 - “On some level, you have to give a bit to get a bit” (Conor)
 - “Protective at the start, checking out and bit more investigative” (Andy)
 - “Fine. That was grand. That was doable so no problem with that. Fine because, professionalism [by the therapist]. It was as if I'd said it was a woman.” (Brian)

Heteronormative Assumptions

- **Participants learned to hide their sexual identity and change the language they use**
 - “I suppose at the end of the day, it's all just about protection, protection, protection” (Conor)
- **Therapist assumed gender roles and what it is to be LGBT+ - stereotype**
 - “Not to make relationships heteronormative, who's the man, who's the woman in the relationship?” (Declan)
 - “Promiscuity, sexuality, sex and HIV. It's seen as a gay disease” (Brian)
- **Are you sure? Go away and think about it and come back to me in 6 months...**
 - “We need to change this idea that straight is normal, everything is normal, straight is just common” (Declan)

Therapists level of knowledge

- **Participants didn't need to educate therapists, but there were gaps in knowledge e.g. Grindr, "The Scene"**
 - "One would think perhaps [the therapist] might have to google a little bit, do a bit of homework and a bit of reading up" (Brian).
 - "[The therapist] said, Well, maybe you aren't, maybe it's a phase. That was unhelpful." (Declan)
- **Being LGBT+ as a therapist helps, but further training is still needed**
- **Training for heterosexual therapists**
 - "The different facets of gay culture: bears, cubs, otters, wolves, feeders and gainers" (Conor)
 - "Normalizing feelings, breaking down stigma, what is it like to be dealing with shame, It's important because we [LGBT+ community] are a culture as well." (Declan)
 - "You can't get a Chinese man and a French man to talk to each other because they're coming from different cultures, different language, different perspectives, different stance on life." (Conor)



Clients voices - What do LGBT+ clients want Irish therapists to know?

- **Importance of labels is individual (Andy)**
- **Awareness of how to work with loneliness, isolation and shame**
- **Non-blinkered, distorted view of LGBT+ community**
- **“Not to tar us all with one brush” (Brian)**
- **Not to assume gender roles (Conor)**
- **People in their 50’s and 60’s only feeling safe to come out now**
- **LGBT+ clients are “not psychiatric patients essentially who need to be feared” (Declan)**
- **“Being gay is not all I am, it's just one part of me” (Declan)**

Conclusions

- **There is overlap between LGBT+ client needs and the general population**
- **Clients may have a preference for therapist gender, and seek therapist self-disclosure**
- **Clients experience echo's literature: Therapists have gaps in knowledge of the LGBT+ community**
- **Therapists need to have an awareness of heteronormative assumptions and LGBT+ culture**
- **Limitation of the study – only male participants from urban areas. Female, transgender, rural and younger (<35) voices are missing from the study**

Questions?

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